



City of Harrisonburg

BUILDING & ZONING OFFICIAL
409 S. Main Street
Harrisonburg, VA 22801
(540) 434-0757

DEMOLITION PERMIT APPLICATION

PERMIT NO: _____

SUPPLEMENT TO PERMIT NO: _____

CLASS "A" NO: _____

CLASS "B" NO: _____

H'BUS LIC. NO: _____

☐ OWNER ☐ OWNER'S DESIGNATED AGENT

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____

WORK TO BE CONTRACTED ☐

☐ PERFORMED ☐ SUPERVISED BY:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____

USE CLASS _____ CONST. CLASS _____

FIRE ZONE _____ NO. STOREYS _____

☐ FRAME ☐ MASONRY ☐ STEEL FRAME

☐ CONC. ☐ PRE-ENG. METAL CLAD

☐ COMBINATION ☐ INTERIOR ONLY

☐ OTHER

LOCATION/NOS: _____

STREET: _____

SHEET: _____ BLOCK: _____ LOTS: _____

PRESENT USE: _____

BRIEF DESCRIPTION & REMARKS: _____

1-4 Below not applicable for this application ☐

1. Has the owner or owner's agent obtained a written release from all utilities stating the utilities have been properly terminated to the building?
2. Is an Asbestos Inspection required?
3. Has a Certificate of Asbestos Inspection been received?
4. Has the owner or owner's agent notified adjoining owner(s) of the projected demolition?

Y N

ESTIMATED TOTAL VALUE OF DEMOLITION \$ _____

CODE _____ FEE \$ _____

I hereby certify that this proposed work will be done with the Owner's consent and I acknowledge that I have read this application and the statements printed hereon and agree that the work will be done as stated.

Owner/Lessee _____

Agent _____

IF OWNER IS TO PERFORM WORK PLEASE SIGN THE FOLLOWING STATEMENT

The undersigned owner states that he is to perform this work on the job and that he will properly dispose of materials. The owner further states that he shall perform such work in accordance with the signed affidavit.

AFFIDAVIT FILED: _____/_____/_____
Date

Signature of Owner: _____

APPLICATION RECEIVED: ____/____/____ BY: _____

BUILDING:____/____/____APPROVED____/____/____ DENIED

BUILDING DEPARTMENT: